

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022569

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1042

FILED JUL 16 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SPRINGFIELD</u>		c. CITY OR TOWN <u>SEYMOUR</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOHNS</u>		d. STREET ADDRESS (If outside, give location) <u>ROUTE 4</u>	
3. NAME OF DECEASED (Type or print) First <u>STANLEY</u> Middle <u>CALFAS</u> Last <u>CALFAS</u>		4. DATE OF DEATH <u>JULY 4 - 1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB. 27, 1931</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Oil Co. EMPLOYEE</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME <u>NICK CALFAS</u>		11b. MOTHER'S MAIDEN NAME <u>CORNELIA HANEY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR II</u>		17. INFORMANT <u>MRS. GLENDA CALFAS SEYMOUR, MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia, right lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Adenocarcinoma, left lung, with tracheo-esophageal fistula.</u>		6 months	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>1</u> a.m. <u>1</u> p.m. Month, Day, Year <u>1-24-62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>SEYMOUR</u> COUNTY <u>WEBSTER</u> STATE <u>MO.</u>	
21. I attended the deceased from <u>1-24-62</u> to <u>7-4-62</u> and last saw her/him alive on <u>7-4-62</u>		Death occurred at <u>315 Prof. Bldg. Springfield, Mo.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>John W. Polk, MD</u> (Degree or title)		22b. ADDRESS <u>315 Prof. Bldg. Springfield, Mo.</u>	
22c. DATE SIGNED <u>7-6-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>7-7-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SEYMOUR MASONIC</u>	
23d. LOCATION (City, town, or county) <u>WEBSTER Co. Mo.</u>			
24. FUNERAL DIRECTOR <u>Robert Berenghan</u> ADDRESS <u>Seymour, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-9-62</u>	
		26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u>	

(Licensed Embalmer's Statement on Reverse Side)

John Polk,
USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 6 1963

MAR 16 1963

Permit issued 7-5-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Max R Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.